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A path to the future in scleroderma

In October of 2007, a group of true experts in diverse areas relevant to scleroderma were invited to Florence, Italy for a 2-day symposium on 'Controversies in Scleroderma'. As the organizing committee for this activity, we selected the topics and speakers and the format of the meeting which focused on brief cutting-edge presentations followed by intensive group discussions.

This Supplement to *Rheumatology* seemed inescapably important to realize as a summary of the conference and as a compendium for the student of scleroderma everywhere. Each author was asked to write a concise treatise on their individual area of expertise and to follow a uniform format for understandability and accessibility.

Full answers are not yet in to critically important questions in scleroderma but progress is considerable. We work in an era of excitement, collaboration and anticipation. The biological platform for considering interventions has never been stronger. We have several plausible molecular targets and the intellectual framework via which we can stratify our approach. As our understanding of the vascular, immunological and fibrotic features of disease evolves, new hypotheses will emerge and hopefully be efficiently and appropriately tested in controlled clinical trials. However, these trials will not be robust unless there is progress in the clinical sciences of trial design and outcome measures. Scleroderma is a remarkably heterogeneous disorder. It is likely that progress in therapy will be focused on both specific features of disease and on overarching approaches to the commonalities of disease pathogenesis that are expressed in all patients. Lung disease remains the leading cause of death with parenchymal and vascular pathologies being of near equal importance. This conference paid particular attention to new knowledge in both areas that will permit efficient study of well-documented cohorts of clinically and pathophysiologically similar patients.

There is a lot here but also a lot of work ahead! We have better science and a sophisticated approach to clinical management and trial design. Effective treatments seem within reach.

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